

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 0 9

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Title XIX

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 30, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §§435.725(c)(1)(iii) and 435.832(c)(1)(iii)

7. FEDERAL BUDGET IMPACT:

a. FFY 02 \$ 256,673

b. FFY 03 \$ 770,502

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4 and Attachment 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Page 4

10. SUBJECT OF AMENDMENT:

To expand the Personal Needs Allowances under Post-Eligibility Treatment of Income
of Individuals in Institutions to allow an allowance for payment of guardian fees.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Feather O. Houstoun

13. TYPED NAME:

Feather O. Houstoun

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

9-30-02

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **NOV 27 2002**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/30/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley
ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID

21. TYPED NAME:

MARY T. MCSORLEY

23. REMARKS:

(1) A PERSONAL NEEDS ALLOWANCE OF \$50.00 A MONTH FOR A PERSON IN AN INTERMEDIATE CARE FACILITY WHO HAS SHELTERED WORKSHOP EARNINGS OR OTHER EARNINGS FROM THERAPEUTIC ACTIVITIES ARRANGED BY THE INSTITUTION WHICH DO NOT EXCEED \$50.00 GROSS PER MONTH.

(2) A PERSONAL NEEDS ALLOWANCE OF \$70.00 A MONTH FOR A PERSON IN AN INTERMEDIATE CARE FACILITY WHO HAS SHELTERED WORKSHOP EARNINGS OR OTHER EARNINGS FROM THERAPEUTIC ACTIVITIES ARRANGED BY THE INSTITUTION WHICH ARE MORE THAN \$50.00 GROSS PER MONTH BUT DO NOT EXCEED \$90.00 GROSS PER MONTH.

(3) A PERSONAL NEEDS ALLOWANCE OF \$110.00 A MONTH FOR A PERSON IN AN INTERMEDIATE CARE FACILITY WHO HAS SHELTERED WORKSHOP EARNINGS OR OTHER EARNINGS FROM THERAPEUTIC ACTIVITIES ARRANGED BY THE INSTITUTION WHICH ARE MORE THAN \$90.00 GROSS PER MONTH BUT DO NOT EXCEED \$150.00 GROSS PER MONTH.

(4) A PERSONAL NEEDS ALLOWANCE OF \$110.00 A MONTH PLUS 50% OF THE DIFFERENCE BETWEEN THE ACTUAL GROSS EARNINGS AND \$150.01 BUT NOT TO EXCEED THE ONE PERSON CATEGORICALLY NEEDY NONMONEY PAYMENT (NMP-MA) INCOME LIMIT WHICH IS THE FEDERAL BENEFIT RATE PLUS THE STATE SUPPLEMENT PAYABLE UNDER TITLE XVI OF THE SOCIAL SECURITY ACT (42 U.S.C.A. §§1381-1383C) IF THE PERSON IN AN INTERMEDIATE CARE FACILITY HAS SHELTERED WORKSHOP EARNINGS OR OTHER EARNINGS FROM THERAPEUTIC ACTIVITIES ARRANGED BY THE INSTITUTION WHICH ARE MORE THAN \$150.00 GROSS PER MONTH.

(5) A PERSONAL NEEDS ALLOWANCE UP TO \$130 A MONTH FOR A PERSON IN AN INSTITUTION WHO IS REQUIRED THROUGH A COURT ORDER TO PAY A FEE TO A GUARDIAN FOR SERVICES RENDERED. THE AMOUNT OF THE GUARDIAN FEE ALLOWANCE IS \$100 PER MONTH OR THE COURT AUTHORIZED MONTHLY FEE, WHICHEVER IS LESS, OR A PERSONAL NEEDS ALLOWANCE FOR A PERSON IN AN INTERMEDIATE CARE FACILITY DESCRIBED ABOVE IN ITEMS (1) THRU (4), PLUS THE AMOUNT REQUIRED THROUGH A COURT-ORDER TO PAY A FEE TO A GUARDIAN FOR SERVICES RENDERED. THE AMOUNT OF THE GUARDIAN FEE ALLOWANCE IS \$100 PER MONTH OR THE COURT AUTHORIZED MONTHLY FEE, WHICHEVER IS LESS.